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RAVISAD DECAMBER 1974 CALIFORNIA LAQUID WASTE HAULER RECORD . SFUND RECORDS CTR	
STATE WITER RESOU	RCES CONTROL BOARD 999085195
	MENT OF HEALTH
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler)
Name (print or type): LORAN - COL VER	Name (print or type): Superior Industrial Pumping 21
Pick up Address: UHO N. MRKINE 31 WILMINGTON	Business Address: 2501 W. Manchester Ave. Ing.
Telephone Number: (1/3) 83(1-033(1 P.O. or Contract No.:	Telephone Number: 778 (Street) (City) Time: :   Dpm
Order Placed By: R9 Hegel Date: 2-28-80	State Liquid Waste Hauler's Registration No. (if applicable): 483
Type of Process	Job No.: 01138 No. of Loads or Trips: Unit No.:
which Produced Wastes:  (Examples: metal plating, equipment cleaning, oil drillingCode No.	Vehicle: Wacuum truckbarrels, Dflatbed, Dother 10 MG
wastewater treatment, pickling bath, petroleum refining)	The described waste was houled by me to the disposal (specify) facility named below and was accepted.
DESCRIPTION OF WASTE (Must be filled by producer)	I certify (or declare) under penalty
Check type of wastes:  1.   Acid solution 8.  Tank bottom sediment	of perjury that the foregoing is true hand correct.
1. Acid solution 8. Tank bottom sediment 2. Alkaline solution 9. 011 7. 3. Pesticides 10. Drilling mad	DISPOSER OF WASTE (Must be filled by disposer)
4. [] Paint sludge 11. [] Contaminated soil and sand 5. [] Solvent 12. [] Connery waste	DISPOSER OF WASTE (Must be filled by disposer)
<ul> <li>5. ☐ Tetraethyl lead sludge</li> <li>13. ☐ Antex Waste</li> <li>7. ☐ Chemical toilet wastes</li> <li>14. ☑ Muc and water</li> </ul>	Name (print or type)  Site Address:  Code No.
7. Chemical toilet wastes 14. W Hug and water 15. Brine	The hauler apove delivered the described waste to this disposal facility and
Other (Specify) Code No.	it was an acceptable material under the terms of RWQCB requirements, State
Components:	Department of Health regulations, and local restrictions.  Quantity measured at site (if applicable):
(Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm	Handling Method(s):
organics (list), cyanide)	recovery
	treatment (specify):
<u>4</u>	(Fxamples: incineration, neutralization, precipitation). Code No. disposal (specity): pond spreading landfill injection well.
1 <u></u>	other (specify):
<u> </u>	If waste is held for disposal elsewhere specify final location
<u> </u>	Disposal Date: 27-20
<u>6.</u>	I certify (or declare) under penalty of perjury that the foregoing is true
Harardous Properties of Waste:  pH	and correct.
	The site operator shall submit a legible copy of each completed Record to the
(42 gal) (spectry)	State Department of Health with monthly fee reports.
Containers: (Number)   drums   cartons   bags   other (specify)	$V \nearrow a$
Physical State: solid Milquid sludge other (specify)	√ ✓ A081610
Special Handling Instructions (if any):	4001010
	/ <b>/</b>
	Nº 284
The waste is described to the best of my ability and it was delivered to	) Id. do )
a licensed liquid waste hauler (if applicable)  I certify (or declare) under penalty	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
of perjury that the foregoing is true and correct.	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.